

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814
(916) 322-5462



February 27, 1979

ALL-COUNTY INFORMATION NOTICE I-20-79

TO: ALL COUNTY WELFARE DIRECTORS

SUBJECT: REVISED ABD 217 AND GR 237 FORMS

REFERENCE:

Attached is a copy of revised Form ABD 217, "Interim Assistance to Applicants for SSI/SSP - Monthly Statistical Report," and Form GR 237, "Caseload and Expenditures Report - General Relief and Aid to Potentially Self-Supporting Blind." A supply of the revised forms will be arriving shortly. These forms are to be used effective with the April 1979 report month. A Manual Letter is shortly forthcoming that will transmit the revised reporting instructions.

Do not destroy your supply of the present forms until such time as the March 1979 report month reports have been received and accepted by the Statistical Services Bureau (formerly the Data Management and Analysis Bureau).

Should there be any questions or concerns, please contact the Statistical Services Bureau at (916) 322-2230 or (ATSS) 492-2230.

Sincerely,

A handwritten signature in dark ink, appearing to read 'R. E. Reich'.

R. E. REICH
Deputy Director

cc: CWDA

Attachments

SEND ONE COPY TO:

Department of Social Services
Statistical Services Bureau
744 P Street, Mail Station 12-81
Sacramento, California 95814

CASELOAD AND EXPENDITURES REPORT

General Relief and Aid to Potentially
Self-Supporting Blind

COUNTY

FOR MONTH ENDING (MONTH DAY YEAR)

PART I. GENERAL RELIEF

SECTION A. GENERAL HOME RELIEF (GHR) CASELOAD MOVEMENT AND EXPENDITURES

1. Cases brought forward from last month (Item 5 last month, or explain)
2. Cases added during month (Sum of a, b, & c, below)
 - a. New or Reapplication
 - b. Restored
 - c. Other approvals
3. Total during the month (Sum of 1 & 2; also a plus b, below)
 - a. Received GHR (Same as Item 6, Column (A) Total)
 - b. Did not receive GHR
4. Cases discontinued during month
5. Cases carried forward to next month (3 minus 4)

6. Total General Home Relief ((1) + (2); also a + b).
 - (1) Amount in Cash
 - (2) Amount in Kind
 - a. Family Cases
 - b. One-person Cases

CASES (A)	PERSONS (B)	AMOUNT (C)
		\$
XXX	XXX	()
XXX	XXX	()
		\$
		\$ a/
XXX	XXX	\$
	XXX	
	XXX	

SECTION B. OTHER GENERAL RELIEF

7. Miscellaneous General Relief
8. Cuban Refugee Program
9. Total Net SSI/SSP Interim Assistance (a minus b, below)
 - a. I. A. Expenditures during month
 - b. I. A. Reimbursed during month

10. TOTAL GENERAL RELIEF EXPENDITURES (Sum of 6 + 7 + 8 + 9, above) \$
11. Amount of Federal Share for Cuban Refugee Program \$

PART II. APSB

1. Persons receiving cash grant
2. Total net expenditures \$

PERSON TO CONTACT REGARDING THIS REPORT

TELEPHONE NUMBER

DATE PREPARED

DEPARTMENT OF SOCIAL SERVICES
STATISTICAL SERVICES BUREAU
744 P STREET, MAIL STATION 12-81
SACRAMENTO, CALIFORNIA 95814

**INTERIM ASSISTANCE TO APPLICANTS FOR SSI/SSP -
MONTHLY STATISTICAL REPORT**

COUNTY

FOR MONTH ENDING (MONTH, DAY, YEAR)

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PART A. INTERIM ASSISTANCE CASELOAD MOVEMENT		NUMBER OF CASES	
1. Cases brought forward from last month (Item 5 last month or explain)			
2. Cases added during the month			
3. Total open during the month (Sum of 1 & 2, above)			
4. Cases closed during the month (a + b + c, below)			
a. CWD mailed county warrant to recipient			
Warrant mailed within:			
(1) 1-5 working days of receipt from SSA			
(2) 6-10 working days of receipt from SSA			
(3) Over 10 working days of receipt from SSA			
b. SSA sent SSI/SSP check directly to recipient			
c. Other reasons for closing (include cases <u>closed</u> due to receipt of denial notice, not cases left <u>open</u> after receipt of denial notice)			
5. Cases carried forward to next month (3 minus 4, above)			
6. Denial notices received from SSA			
PART B. SSA CHECKS PROCESSING		NUMBER	AMOUNT
7. SSA checks carried over from preceding month			XXX
8. SSA checks received during the month			XXX
9. Total SSA checks on hand during the month (7 + 8, above)			XXX
10. SSA checks disposed of during the month (a + b, below)			
a. Original SSA checks (before CWD deductions, and mailing of county warrant to recipient) ((1) + (2) below, amount column only)			
(1) County warrant (recipient's share)			
(2) CWD deduction (county's share)			
b. Other dispositions (Explain in footnote).			
11. SSA checks on hand at end of month (processing incomplete) (9 - 10, above)			XXX
12. SSA checks disposed of without receipt of SSA approval notice			XXX

PERSON TO CONTACT REGARDING THIS REPORT

TELEPHONE

DATE

I HEREBY CERTIFY, under penalty of perjury, that I am the official responsible for the administration of the Interim Assistance Program in and for aforesaid county; that I have not violated any of the provisions of Sections 1090 to 1096, inclusive, of the Government Code; that the aid payments, aid repayments and adjustments reflected herein have been made in accordance with all provisions of the Welfare and Institutions Code and the rules and regulations of the Department of Social Services.

I HEREBY CERTIFY, under penalty of perjury, that I am the officer in aforesaid county responsible for the examination and settlement of accounts; that I have not violated any of the provisions of Section 1090 to 1096, inclusive, of the Government Code, that the amounts claimed herein are in accordance with authorizations for Interim Assistance made by the county; that said amounts correctly reflect county shares in the aid payments claimed and that warrants therefore have been issued, or funds made available for the payments in kind listed herein according to law and the rules and regulations of the Department of Social Services.

SIGNATURE OF COUNTY WELFARE DIRECTOR

DATE

SIGNATURE OF COUNTY AUDITOR OR CONTROLLER

DATE